

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7333

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6148		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor			
d. FULL NAME OF HOSPITAL OR INSTITUTION --- At Home				d. STREET ADDRESS (If rural, give location) Bloomfield, Mo. Route # 3.			
3. NAME OF DECEASED (Type or Print) WILLIAM H. HUGGINS		a. (First)		b. (Middle)		c. (Last)	
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. #		8. DATE OF BIRTH Jan. 26, 1876	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Bloomfield, Missouri. <input checked="" type="radio"/>		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Robert Huggins		13b. MOTHER'S MAIDEN NAME Mahala Hale		14. NAME OF HUSBAND OR WIFE Lizzie M. Huggins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sylvia Bess, Bloomfield, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 year	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept 1, 1949, to Feb 11, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.		23a. SIGNATURE J. A. Smith M.D. (Degree or title)	
23b. ADDRESS Bloomfield Mo.		23c. DATE SIGNED Feb 18 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE Feb. 15, 1950	
24c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.		24d. LOCATION (City, town, or county) Bloomfield, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO. Bloomfield, Mo.		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 27
District Health Office No
District File Number 250-1
Date Filed _____

SEP 2 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, & or by Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No.

Signed

John B. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.